UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/GHA/4
21 November 2000

ORIGINAL: ENGLISH

First regular session 2001
29 January - 6 February 2001, New York
Item 8 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

Recommendation by the Executive Director
Assistance to the Government of Ghana

Proposed UNFPA assistance:	$25.3 million, $14 million from regular resources and $11.3 million through co-financing modalities and/or other, including regular, resources.
Programme period:	5 years (2001-2005)
Cycle of assistance:	Fourth
Category per decision 2000/19:	A

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	9.5	11.3	20.8
Population and development strategies	4.0	-	4.0
Programme coordination and assistance	0.5	-	0.5
Total	14.0	11.3	25.3

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GHANA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	44	≥60
Contraceptive prevalence rate (%)[2]	20	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	2.39	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	113.1	≤65
Infant mortality rate (per 1,000 live births)[5]	66	≤50
Maternal mortality ratio (per 100,000 live births)[6]	--	≤100
Adult female literacy rate (%)[7]	53	≥50
Secondary net enrolment ratio (%)[8]	--	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1. Electronic database, World Health Organization, December, 1999.
2. United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3. UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4. United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5. United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6. The World Bank, *World Development Indicators, 2000*. N.B. Government data indicate a maternal mortality ratio of 214 per 100,000 live births in 1998.
7. UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8. UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2000	20,212	Annual population growth rate (%)	2.70
Population in year 2015 (000)	29,820	Total fertility rate (/woman)	4.70
Sex ratio (/100 females)	99.1	Life expectancy at birth (years)	
Age distribution (%)		Males	60.3
Ages 0-14	43.1	Females	63.8
Youth (15-24)	19.9	Both sexes	62.0
Ages 60+	4.9	GNP per capita (U.S. dollars, 1998)	390

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 1998 Revision*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2001-2005 to assist the Government of Ghana in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $25.3 million, of which $14 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $11.3 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's fourth programme of assistance to Ghana. Ghana is a "Category A" country under the UNFPA resource allocation criteria.

2. The proposed programme is the outcome of the close collaborative efforts of a government-led working group composed of governmental and non-governmental, United Nations and donor organizations. The proposed programme takes into account the long-term development goals of the Government of Ghana's Vision 2020, including those specified in the National Population Policy adopted in 1994. It also takes into account the Ministry of Health Medium-Term Health Strategy, which is being implemented through a sector-wide approach (SWAp) jointly agreed to by the Government and the health partners in the country. The proposed programme is based on the findings and recommendations of the UNFPA Country Population Assessment (CPA) exercise conducted in 2000 and the Common Country Assessment (CCA) carried out in 1999, and is consistent with the United Nations Development Assistance Framework (UNDAF) 2001-2005. The proposed programme would be harmonized with the five-year medium-term national development plan of Vision 2020 and the programmes of UNDP and UNICEF. The UNDAF has identified three development themes: access to quality basic services for all with special emphasis on basic social services; opportunities for sustainable income, employment and personal development; and greater national capacity for development management and implementation.

3. The long-term goals of the Government of Ghana are in harmony with the Programme of Action of the International Conference on Population and Development (ICPD), and are directed at improving the quality of life of the people of Ghana. The National Population Policy takes into account such key issues as adolescent reproductive health, environment, gender, the empowerment of women, HIV/AIDS, and the plight of the aged and people with disabilities. The overall goal of the proposed programme would be to contribute to national efforts to improve the quality of life of Ghana's population, with an emphasis on reproductive health, gender equality, women's empowerment and sustainable development.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the United Nations General Assembly in its resolution 49/128.

Background

5. According to the preliminary results of the Population and Housing Census 2000,[1/] the current population of Ghana is estimated to be 18.4 million, having grown at a rate of 2.5 per cent per annum since 1984. According to the 1998 Ghana Demographic and Health Survey, the total fertility rate declined from 5.5 children per woman in 1993 to 4.6 in 1998. During the same period, the contraceptive prevalence rate increased from 19 per cent for all methods to 22 per cent, and the infant mortality rate fell from 66 per 1,000 live births to 57 per 1,000 live births. The maternal mortality ratio was estimated at 214 per 100,000 live births in 1998 and 40 per cent of births were attended by trained health personnel. The adult literacy rate was estimated at 53 per cent for women and 76 per cent for men in 1995. There are, however, marked regional differences, and data indicate that the three northern regions have maternal mortality ratios ranging from 330 to 490 per 100,000; total fertility rates around 7; and only 9 per cent of deliveries in the Northern Region take place in a health facility as compared to 74 per cent in the Greater Accra Region in the south. Adult literacy rates in the three northern regions range from 23 to 38 per cent compared to the national average of 48 per cent.

6. Young people between the ages of 10-24 years currently represent more than one third of the population and are projected to number 12 million by the year 2025. Girls in the 15-24 age group account for approximately one third of all births, as a result of early marriage, early onset of sexual activity, lack of knowledge of reproductive health, lack of access to quality reproductive health services, poverty and low contraceptive use. Adolescent childbearing is twice as high in rural areas as in urban centres. Maternal deaths at Korle-Bu Teaching Hospital in Accra arising from septic abortion were 25 times higher among adolescents than among adult women. Since 1986, the cumulative total of AIDS cases reported as of December 1999 was close to 31,000, with a prevalence of HIV among the adult population estimated at 4.6 per cent. Young people in the age group 10-29 years account for more than half of all reported AIDS cases in the country. It is estimated that 1.2 million people will be infected by the year 2005. The Government has set up an interministerial and multisectoral commission, under the chairmanship of the President, to coordinate the national response to HIV/AIDS. A national policy on HIV/AIDS has been adopted and a strategic plan has been approved. In addition, implementation of a District Response Initiative to support the national response has already begun. Ghana has been selected as one of the focus countries in the International Partnership Against AIDS in Africa and the Government participates actively in the initiative.

7. Ghana ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) in 1986. Gender issues have received considerable attention as a result of national efforts to implement the ICPD Programme of Action and the Platform for Action of the Fourth World Conference on Women. Certain harmful traditional practices, including female genital mutilation, have been outlawed. The Parliament has passed the Children's Bill, which

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1/ *Unless otherwise indicated, the data in the text are from governmental sources and may vary from data in the fact sheet.*

raised the minimum age for marriage from 16 to 18 years. The Government has adopted the Affirmative Action Policy Guidelines which include increasing to 40 per cent the representation of women in key positions in public service and in national executive or policy-making institutions; and establishing women and juvenile units within the Ghana Police Service to deal specifically with complaints of sexual abuse and violence against women. However, in implementing policies and legislation, resistance is often encountered because of certain traditional mores and practices. Thus, despite the major role women play in development at national, community and household levels, they still suffer disparities in access to education, health, and economic resources.

8. Ghana has adopted the ICPD concept of reproductive health and has formulated policies, standards and protocols to guide the delivery of reproductive health services. Health facilities at the primary health care level offer reproductive health services in an integrated manner through 1,050 public sector health centres and over 12,753 community outreach sites. Ten regional and 110 district hospitals are the main referral centres. In addition, reproductive health services are provided through 1,039 private health facilities. The main objective of the health SWAp, which became operational in 1997, is to minimize vertical programming and improve budgetary efficiency. UNFPA participates in the ongoing review of sector priorities and performance and has worked to ensure the inclusion of reproductive health dimensions and gender concerns in the health sector programme.

Previous UNFPA assistance

9. UNFPA has provided assistance to Ghana since the early 1970s. The third country programme was approved in 1996 for the period 1996-2000, in the amount of $25 million, of which $7 million was to be through co-financing modalities and/or other resources. Under co-financing modalities, the United Kingdom's Department for International Development (DFID) contributed $2.7 million, all of which was used to procure contraceptives. The estimated total expenditure under the third country programme, including multi-bilateral contributions, amounts to $15.5 million, of which $12.8 million was from regular resources.

10. The programme contributed to achievements in several areas as outlined below. One significant achievement was enhanced male involvement in reproductive health resulting from sensitization and advocacy training provided to 3,840 priests, imams and other religious leaders from eight different religious groups on reproductive health, including adolescent reproductive health, and on gender issues. A significant number of religious leaders made positive statements on key reproductive health issues, and a parents' guide was prepared on how to discuss sexuality with children. Strengthened cooperation with traditional leaders resulted in the King of the Ashante leading traditional leaders in the fight against the spread of HIV/AIDS. Advocacy efforts also contributed to generating a high level of political and government support for reproductive health and population issues; and the enactment of laws and legislation supportive of reproductive health, gender equality and the empowerment of women. UNFPA facilitated the Population and Housing Census 2000, including by mobilizing external donor support and

providing technical support through the UNFPA Country Technical Services Team (CST) based in Addis Ababa, Ethiopia. Other programme achievements include: an increase in the number of health facilities offering reproductive health services from 973 in 1996 to 1,050 by the end of 1999; extended outreach services to previously underserved communities, with an increase from 6,677 in 1996 to 12,753 by the end of 1999; improved contraceptive distribution and logistics management; the integration of population/family life education, including information on HIV/AIDS prevention and reproductive health, in the curricula of primary and secondary schools and teacher training colleges; the development of relevant policies, protocols and guidelines for the implementation of the reproductive health programme; and improved capacity of district health management teams through providing support for 60 public health practitioners to pursue studies leading to the Master of Public Health degree and training 500 nurse/midwives and 550 traditional birth attendants in family planning methods, and 45 medical officers, 900 midwives and 50 medical assistants in safe motherhood clinical management protocols.

11. The constraints encountered by the programme included: delays in programme development and implementation; weak coordination mechanisms; high staff turnover in the UNFPA country office; regional disparities, especially in the deployment of skilled government personnel; differences between the UNFPA financial procedures, SWAp arrangements and the Government's decentralization processes; and the Fund's financial constraints which severely affected the programme's annual expenditure ceilings at a time when the programme was ready to be fully implemented.

12. Important lessons learned from implementing the past programme include the following: partnerships with religious organizations and traditional leaders proved to be an effective strategy for mobilizing support and promoting male involvement; the availability of disaggregated data at all levels is important in order to identify the needs of specific population groups, for example, women and adolescents; coordination mechanism should be strengthened and the use of local NGOs in the selected districts should be enhanced to complement government health personnel; and the enactment of laws and the adoption of policies should be accompanied by advocacy and education activities to facilitate effective implementation.

Other external assistance

13. International funding for population activities in Ghana has come from both bilateral and multilateral agencies. The United States Agency for International Development (USAID) contributed $45 million to finance population and HIV/AIDS prevention and control programmes during the period 1996-2000. This support covered capacity building, logistics management and the procurement and social marketing of contraceptives. UNICEF, UNDP, WHO and UNESCO have programmes in the health and education sectors. In addition to supporting the rights of the child, UNICEF focuses on immunization programmes for children, reproductive health, including safe motherhood and HIV/AIDS prevention, and community mobilization and participation. UNDP support has focused on poverty reduction, HIV/AIDS prevention and the promotion of gender equality and women's empowerment. In addition to

supporting HIV/AIDS prevention activities, the World Bank, DFID, Denmark, the European Union and the Netherlands are funding the health sector through their participation in the SWAp. Other donors include the World Food Programme, the Japanese International Cooperation Agency (JICA), the International Planned Parenthood Federation (IPPF), the German Agency for Technical Cooperation, the Japanese Organization for International Cooperation in Family Planning (JOICFP), Save the Children Fund, CARE International, Plan International and The Population Council. The Government of China, USAID, DFID, and JICA supported the Population and Housing Census 2000, through technical assistance, capacity building and the supply of equipment. UNAIDS support consists of technical assistance and funding through the United Nations theme group on HIV/AIDS. The theme group, currently chaired by UNFPA, includes United Nations agencies, Government, bilateral donors and NGOs.

Proposed programme

14. The overall goal of the proposed programme is noted in paragraph 3. UNFPA assistance would be channelled through two subprogrammes in the areas of reproductive health, including family planning and sexual health, and population and development strategies. Advocacy and gender concerns would be mainstreamed in both the subprogrammes.

15. Reproductive health subprogramme. The purpose of the reproductive health subprogramme would be to contribute to the increased adoption of health-seeking behaviour and the utilization of quality reproductive health services. The subprogramme would focus on improving access to reproductive health services, especially in underserved areas; meeting the needs of adolescents; collaborating with other partners to combat the spread of sexually transmitted diseases, including HIV/AIDS; and strengthening national capacity for programme coordination and monitoring. Given the need to reduce the high disparities between the northern and the southern regions of the country, programme activities would focus on 24 districts in the three northern regions. According to the preliminary results of the recent census, the three northern regions comprise 18 per cent of the population of Ghana. While the reproductive health subprogramme would have components implemented at the national level, expanding activities to other regions would depend on the resource situation. At the national level, support would focus on strengthening the capacity of the Reproductive and Child Health Unit of the Ministry of Health to coordinate activities of the implementing agencies and donors; expand reproductive health information and services to adolescents; and monitor the implementation of the reproductive health programme throughout the country. The following four outputs would be generated under the reproductive health subprogramme; the first two would be at the district level and the other two at the national level.

16. The first expected output would be the improved availability of gender-sensitive, integrated, quality reproductive health services. Community-based reproductive health services would be strengthened through support for training and the increased placement of community health nurses/midwives in underserved communities. To expand the range of services and increase access to them, NGOs and private doctors and midwives working in underserved

communities would be assisted to provide quality reproductive health services. The existing referral system would be strengthened by improving logistics and communications between the various levels of the health-care delivery system and upgrading the skills of service personnel particularly at the district hospital level. The technical competence and organizational and management skills of service providers would be improved through appropriate training. Training would also be provided to enable service providers to deal with gender-based violence and sexual abuse. Support would be provided for interventions that would seek to educate men on responsible sexual behaviour and enlist their support for women's reproductive health choices. UNFPA would also complement UNICEF activities in six districts where the latter operates. Indicators used to monitor progress and measure results would include the percentage of service delivery points offering at least three of the following reproductive health services: modern family planning methods; maternal health and assisted delivery; prevention and management of reproductive tract infections, including sexually transmitted diseases (STDs)/HIV/AIDS; management of the consequences and complications of unsafe abortion; and information, education and counselling on human sexuality and reproductive health, including family planning.

17. The second output would be increased knowledge among service providers, clients and communities regarding reproductive and sexual health. Multimedia approaches would be used to deliver audience-specific, culturally-appropriate and gender-sensitive messages. Efforts would be directed to increasing the participation of clients and communities in information, education and communication activities. Communication activities would be undertaken to enhance the positive, client-oriented attitudes of service providers. Output indicators would include the increased information available to men, women and adolescents to make informed choices about reproductive health and sexual health, and the percentage increase in the number of clients who are satisfied with the services provided by clinic staff.

18. The third expected output would be the improved coordination and management of reproductive health service delivery. Various institutions, including the Ministry of Health, have developed databases for reproductive health. These would be integrated and consolidated to facilitate access to standardized information for use in planning, monitoring and evaluation. Support would be provided for baseline surveys and operations research focusing on client perspectives, provider/user interrelationships, unmet needs, male involvement and socio-cultural factors militating against the wider use of contraceptives. In addition to increasing the technical and logistics capacity of the Reproductive and Child Health Unit, support would be provided to strengthen its human resources to enable the unit to effectively coordinate and oversee the activities of agencies involved in reproductive health service delivery. The logistics management of contraceptives and other essential commodities would be improved, and UNFPA support in this area would complement the efforts of USAID, DFID and the World Bank. Policy documents, guidelines and service protocols developed by the Ministry of Health would be made widely available to all stakeholders, including Ministry of Health staff at regional and district levels. Indicators utilized for monitoring progress would include: the existence and regular

updating of a common database and operational procedures; frequency of supervisory and monitoring visits; and the frequency and accuracy of contraceptive commodity forecasts.

19. The fourth expected output would be the increased availability of gender-sensitive, sexual and reproductive health information and services for adolescents with special emphasis on HIV/AIDS prevention, under the Africa Youth Alliance project. The Africa Youth Alliance project was initiated under the previous programme and would continue to be supported under the proposed programme with funds received from the Bill & Melinda Gates Foundation. In collaboration with two NGOs -- Pathfinder International and the Program for Appropriate Technology in Health (PATH) -- UNFPA would support policy and advocacy activities, behaviour change communication, the expansion of youth-friendly services, livelihood skills development, including income-generating activities for youth, and institutional capacity building. The Ministry of Health has developed a plan of action to integrate adolescent-friendly services in existing public and private service delivery points. Also, the existing draft guidelines on adolescent health service delivery would be finalized. Indicators utilized to monitor progress would include the existence of national adolescent health service delivery guidelines, and the number of young people equipped with information on HIV/AIDS prevention.

20. Reproductive health commodity security. The Ministry of Health has estimated the cost of contraceptive requirements over the period 2001-2005 to be around $8.75 million. This consists of $2.5 million for injectables; $2 million for oral contraceptive pills; $1 million for spermicides; $2 million for condoms (male and female); $0.6 million for intrauterine devices; and $0.65 million for Norplant implants. Currently, the bulk of Ghana's contraceptive needs are met by UNFPA, USAID, DFID (with commodities supplied through UNFPA) and IPPF. The World Bank has provided $4.5 million for contraceptives to be supplied through UNFPA over the next few years. This would supplement commodity supplies expected from USAID, UNFPA and IPPF. In addition, DFID has indicated that part of its funds in the SWAp health account may be used, if necessary, to procure additional contraceptive commodities. In 1998, a study on contraceptive requirements and logistics management needs was carried out under the Fund's Global Initiative on Reproductive Health Commodity Management. UNFPA, in partnership with other development partners, would continue to assist the Government in seeking support to ensure the regular supply and availability of reproductive health commodities.

21. An amount of $20.8 million would be allocated to the reproductive health sub-programme, $11.3 million of which would be sought through co-financing modalities and/or other resources. An amount of $6.3 million for adolescent reproductive health has already been secured from the Bill & Melinda Gates Foundation. Additional resources mobilized through co-financing modalities and/or other resources would be used to procure contraceptives and to expand research, training and community mobilization activities.

22. Population and development strategies subprogramme. The purpose of the population and development subprogramme would be to contribute to the integration of population and gender concerns in development planning and programmes. Key challenges in the area of

population and development strategies include: inadequate data for the design, implementation and evaluation of population and reproductive health policies and programmes; limited capacity to collect, analyse and utilize information and data on population and reproductive health issues; lack of monitoring and evaluation systems; lack of awareness of population and development inter-relationships at the district and community levels; and inadequate integration of population and reproductive health concerns in development policies, plans and programmes. The population and development strategies subprogramme would seek to deliver the following three outputs.

23. The first expected output would be the availability of population and reproductive health data and information, including on demographic trends; on gender equality and women's empowerment; and on the demographic and socio-economic impact of HIV/AIDS. Support would be provided to complete the analysis and dissemination of data from the Population and Housing Census 2000. The compilation of district and regional demographic and socio-economic profiles would greatly assist District Assemblies in incorporating population variables in the planning, design and implementation of development programmes. Output indicators utilized to monitor progress would include reports with district-specific and sex-disaggregated data for the selected 24 districts.

24. The second expected output would be the increased integration at the national level and at the district level in the three northern regions of population and gender concerns in development policies and programmes. Training for government staff would emphasize the use of population information and demographic tools to design, implement and evaluate district, regional and national plans. This would help to increase the number of programme personnel with skills to establish and use databases and integrate population and gender in development planning. Indicators used to monitor progress would include the number of nationals with the skills to design integrated population data systems, and the number of policies and programmes that integrate population and gender issues.

25. The third expected output of the subprogramme would be an improved environment for population programmes. Several laws and policies that have a bearing on population issues and programmes have been adopted, revised or are at various stages of completion. Support would be provided for advocacy and education activities to enhance the knowledge and commitment of leaders to support the implementation of such laws. The importance of recognizing and appreciating the interrelationships between population and development and their policy implications would be underscored. Building on past success, special efforts would be undertaken to involve religious leaders, traditional rulers, including queen mothers, and other women leaders in advocacy. The interventions of such influential leaders would help to create a critical mass of persons whose influence would promote an improved environment for the implementation of population programmes. Indicators utilized to monitor progress would include the proportion of political, religious and traditional leaders who actively and publicly support population programmes in the country.

26. The amount of $4.0 million from regular resources would be allocated to the population and development subprogramme.

Programme implementation, coordination, monitoring and evaluation

27. The proposed programme would be implemented by the concerned government ministries, public institutions and international and national NGOs. UNFPA would continue its efforts to build the implementation capacity of national agencies. The primary responsibility for programme coordination would rest with the Government and, in particular, with the Ministry of Finance, the National Population Council and the Ministry of Health. Regular meetings of the inter-agency thematic groups and the United Nations heads of agencies, under the resident coordinator system, would help to promote the coordination of inputs. As a key partner in the meetings of the health partners in Ghana, UNFPA would ensure maximum effort in coordinating and harmonizing its activities with those of other development partners working in the field of reproductive health and gender issues.

28. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures. The collection of baseline data and the development of population and reproductive health databases would allow the monitoring of progress. To the extent possible, joint evaluation and monitoring would be undertaken for the areas covered by UNFPA, UNICEF and WHO. In addition to the annual reviews of the sub-programmes, a mid-term programme review in 2003 and an end-of-programme evaluation in 2005 would be planned. Technical backstopping would be provided by national experts and the CST based in Addis Ababa, Ethiopia. The UNFPA country office in Ghana is composed of a Representative, three National Programme Officers, a National Programme Assistant and a National Finance Assistant. National professional project personnel and local consultants would be utilized, as needed, to enhance programme implementation.

29. Under the proposed programme, an amount of $0.5 million from regular resources would be allocated for programme coordination and assistance.

Recommendation

30. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Ghana, as presented above, in the amount of $25.3 million, for the period 2001-2005, $14 million of which would be programmed from UNFPA regular resources, to the extent such resources are available, and the balance of $11.3 would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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